Information About Me					
Mother's Name:					
Partner's Name:					
My Baby is due on:					
After talking with my care providers, I plan to have a: Use Vaginal Birth Conception Use Conception					
(Name of Hospital) Please do not discuss my medical issues if I have visitors in my room. Ask to speak to me alone.					
My Medical Team					
HIV Care Provider:Phone #:					
Prenatal Care Provider:Phone #:					
My Medications					
Medicine:					
Dose/Frequency:					
Date Started: Date Stopped:					
Why?:					
Medicine:					
Dose/Frequency:					
Date Started: Date Stopped: Why?:					
Medicine:					
Dose/Frequency:					
Date Started: Date Stopped:					
Why?:					
Medicine:					
Dose/Frequency:					
Date Started: Date Stopped:					
Why?:Page 1 of 8					

My Medications (Continued)								
Medicine:								_
Dose/Frequency	:							=
	ate Started: Date Stopped:							-
Why::								-
Medicine:								
Dose/Frequency	:							-
Date Started:		Date S	Stopped:					-
	ate Started: Date Stopped: /hy?:						- -	
	My HIV	Lak	os and	Resul	ts			
	CD4 C				17:	ral Load		
	CD4 Count		<u> </u>		V1			
Result:	Date:		Result:			Date:		
Result:	Date:		Result:			Date:		
Result:	Date:		Result:			Date:		
Result:	Date:		Result:			Date:		
Result:	Date:		Result:			Date:		
Result:	Date:		Result:			Date:		
	M., D.,	_1 T	.1	.1n	14			
	My Prenat	al L	abs ar	ia Res	suits			
Pre-Pregnancy Weight		Wei	ght:					
Blood Type		Date		уре:	Rh:			
, <u>, , , , , , , , , , , , , , , , , , </u>	Rhogam 28wk Injection	Date	e Given:	-				
	Rhogam Delivery Injection							
1hr Glucose		Date	e:	Result:				
3hr Glucose		Date	e:	Result:				
Rubella		Date	e:	Result:				
Hepatitis B sAg		Date	e:	Result:				
Group B Stre		Date		Result:				
Symbilic Scree	_	Date		Recult.				

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Prenatal Care Planner

Appt Date	# of Weeks	Weight	Blood Pressure	Baby's Heart Rate

Signs that you should call your provider

- Rupture of membranes (water leaking or breaking)
- Vaginal bleeding
- No movement from baby
- Swelling of the face and hands
- Blurred vision
- Headache that won't go away
- Dizziness
- Stomach or abdominal pain
- Sudden weight gain (more than four pounds in a week)

IF LIFE THREATENING—CALL 911

During Labor

- You will receive IV Zidovudine (Retrovir/AZT) during delivery and your baby will be given Zidovudine every 6 hours by mouth for 6 weeks. Your baby will receive the first dose within 6-12 hours of life.
- Your baby will get a bath prior to injections or before other procedures.
- You may need to continue taking the same medicine that you have been taking at home throughout delivery and afterwards. Please talk with your HIV care provider or ask the hospital to call.

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Feeding

HIV+ moms can spread HIV to their babies by breastfeeding. You cannot safely breastfeed when you have HIV. Your baby should be formula fed.

Ask your nurse what you should do to stop or slow your body from making breast milk and how you can feel more comfortable <u>before</u> you leave the hospital.

If you need help after you leave the hospital—call your prenatal care provider.

Medical Follow-up for Baby

- Your baby needs an appointment to see an HIV care provider between two and four weeks of age so he/she can have another HIV viral load (RNA PCR) drawn. You should have an appointment card before you leave the hospital.
- Your baby also needs an appointment with a primary care provider within a week of discharge from the hospital.

HIV Testing Schedule/ Results for Baby

AGE	Results
At Birth (do not use cord blood)	Date: HIV RNA PCR Result:
2 weeks of Age	Date: HIV RNA PCR Result:
4 Weeks of Age	Date: HIV RNA PCR Result:
4 Months of Age	Date: HIV RNA PCR Result:
18 Months of Age	Date: HIV Elisa Result:

Medical Follow-up for Mom

New moms need an appointment to see a doctor about 6 weeks after delivery to make sure they are healing. During this appointment, new moms should talk about:

- Your HIV medicine—find out which medicines you should be taking to stay healthy.
- Birth control options.

HIV Care Coordination

A free case management program is available for people with HIV that offers services and links to community resources including:

- Access to health insurance for medicine;
- Access to HIV-related programs, such as housing assistance and direct emergency financial assistance;
- Access to mental health and substance abuse programs;
- Referrals for HIV medical care and supportive services.

Call 1-866-588-4948, pick option #2 to find a site near you

Resources

Connect 2 Help 2-1-1 or 317-926-4353

Automobile Safety Program at Riley (Car Seats) 1-800-KID-N-CAR

Hoosier Healthwise (Health Insurance) 1-800-889-9949

Indiana Family Helpline (Link to Resources) 1-800-433-0746

WIC (Formula and Food) 317-221-7401

Riley Center for Pediatric Infectious Diseases (Information about HIV) 317-944-7260

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Instructions for Labor and Delivery Nurse

- Mom needs I.V. Zidovudine (Retrovir/AZT) dosed at 2mg per kg of body weight for first hour, followed by 1mg per kg of body weight throughout delivery
- This mom may need to continue taking the same medicine that she has been taking at home throughout delivery and afterwards. Please talk with her HIV care provider about which HIV medications should be continued.
- HIV+ moms can spread HIV to their babies by breastfeeding. Mom cannot safely breastfeed because she has HIV. Infant must be exclusively formula fed.
- Instruct mom on how to prevent engorgement prior to leaving the hospital and reinforce importance of formula feeding.

Have Questions?

Contact any of these providers for free clinical consultation related to the management of HIV in pregnant women and/or care of the HIV-exposed infant.

Indiana University-ID On-Call 317-944-5000

Midwest AIDS Training and Education Center (Free Local Clinical Consultation) 317-948-6497

Perinatal HIV Hotline National Perinatal HIV Consultation and Referral Service 1-888-448-8765 (24-hour/7 days)

Riley Center for Pediatric Infectious Diseases (Pediatric Infectious Disease) 317-944-7260

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Instructions for Newborn Nursery Nurse

- Bathe infant prior to giving injections or performing other invasive procedures.
- This infant needs first dose of Zidovudine (Retrovir/AZT) within 6-12 hours of birth. This drug is dosed at 2mg per kg of body weight. If the baby is unable to tolerate the liquid medicine, IV Zidovudine should be dosed at 1.5 mg per kg of body weight. Consider a pediatric HIV consult if the infant is born prior to 35 weeks.
- This infant requires Zidovudine every 6 hours for 6 weeks total.
- Infant must leave the hospital with enough Zidovudine liquid to complete 6 weeks of treatment.
- Provide mom a syringe and teach her how to administer liquid medication to the infant. Ask her to demonstrate prior to discharge.
- Make sure that infant has an appointment with a Pediatric HIV Care provider to get follow-up HIV testing.
- Please provide date on discharge instructions.
- Mom cannot safely breastfeed because she has HIV. Infant must be exclusively formula fed.
- Infant needs to have an HIV viral load (RNA PCR) drawn at birth. Bathe first and do not use cord blood.

Have Questions?

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For more information visit: www.1test2lives.in.gov

Mom—Tear this off and give it to your Post Partum Nurse

My Birth Plan

Instructions for Post Partum Nurse

- Mom needs an appointment with her HIV Care Provider to discuss managing her HIV after pregnancy. Please provide an appointment on discharge instructions.
- HIV+ moms can spread HIV to their babies by breastfeeding. Mom cannot safely breastfeed because she has HIV. Infant must be exclusively formula fed

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